

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-001865

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 282

STATE FILE NUMBER

FILED JAN 28 1963

VS 300  
Rev. 4/59

1

2 3178

3

4 1

5 1

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7 0

8 2

9 4500

10

11

12 86-2

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Glenn W. Springer

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Kansas City

Length of stay in 1b

43 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

3240 Norledge

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jackson

c. CITY OR TOWN

Kansas City

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS

832 N. Prospect

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

Hattie Isabelle Smith

## 4. DATE OF DEATH

Month

Day

Year

1 - 16 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6/15/1886

## 9. AGE (last birthday)

76

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 11. BIRTHPLACE (City and state or country)

Gasper Co. Mo U.S.A

## 12. CITIZEN OF WHAT COUNTRY

U.S.A

## 13a. FATHER'S NAME

Smith

## 13b. MOTHER'S MAIDEN NAME

Americus

## 14. NAME OF HUSBAND OR WIFE

Joseph F. Smith

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Joseph F. Smith

## 18. ADDRESS

832 N. Prospect

## 18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY

### IMMEDIATE CAUSE (a)

Congestive Heart Failure

### INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

Left Heart Strain

10 mo.

### DUE TO (c)

Arteriosclerosis

3 yrs.

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Voluntary starvation

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Jan. 12, 1951 to Jan. 16, 1963 and last saw her alive on Jan. 16, 1963. Death occurred at 9:23 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Glenn W. Springer, D.O.

## 22b. ADDRESS

5902 St. John Ave.

Kansas City, Mo.

## 22c. DATE SIGNED

1-16-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1/17/63

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

Carthage, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

C.N. Blackman & Son, Inc., Mo.

## 25. DATE RECD. BY LOCAL REG.

1-16-63

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

5907 Y John  
Ch-1-3458

DEPT. OF HEALTH

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.